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Case Report

Intraoral fibroma: A case report

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ABSTRACT

Oral fibroma is a benign neoplasm that often occurs in the soft tissue of the oral cavity. It typically arises from the fibroma of the underlying connective tissue (submucosa or periodontal ligament), resulting in tissue enlargement. It is an elevated pedunculated or sessile lesion that ranges from a few millimeters to centimeters; normal in color, although it may appear paler. It can occur at any age, though it has a predilection for young adults, with females being more commonly affected. This case report discusses a 39-year-old female who presented with a growth in the upper front tooth region. The patient reported that she was apparently normal one year prior when she first noticed the growth, which was initially small and gradually increased to its present size. The face appeared asymmetrical on the left side with incompetent lips. Complete excision is the recommended treatment for fibroma. Other therapies, including cryosurgery or intralesional injection of corticosteroids, can be considered if there is a definitive diagnosis based on histopathological features.

1. Introduction

Intra-oral localized lesions occurring on the gingiva include irritation/traumatic fibroma, peripheral ossifying fibroma, focal fibrous hyperplasia, and peripheral giant cell granuloma. Fibroma of the gingiva is clinically presented as a slow-growing, well-demarcated growth, usually with normal-colored mucosa and a smooth surface, with a sessile or pedunculated base and hard consistency, causing difficulty in mastication and speech. The size of the growth is generally small, around 1.5 cm, although there are a few reports of growths up to 4.6 cm.[1] Irritation fibroma is most commonly seen in the anterior region, usually associated with the interdental papilla, and is rare in the posterior region.[2] This is a case report of a 39-year-old female who presented with a complaint of growth in the upper front region of the jaw for the past year.

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2. Case Report

A 39-year-old female presented with a complaint of growth in the upper front tooth region of the jaw for the past year [fig:1]. The patient reported that she was apparently normal one year prior when she first noticed the growth, which was initially small and gradually increased to its present size. The patient is asymptomatic. Medical and dental history are non-specific.On extra-oral examination, the face appeared asymmetrical on the left side with incompetent lips, and lymph nodes were not palpable. On intra-oral examination, a single well-defined, approximately round-shaped, sessile growth was present in the gingiva of the 11 & 21 regions in relation to the midline. It was approximately 5mm short of the labial sulcus to the cervical third of 11 & 21. The surface was smooth and of the same color as the surrounding mucosa. On palpation, it was non-tender and hard in consistency.

The case is provisionally diagnosedas fibroma in the gingiva of the 11 and 21 region. An intraoral periapical

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Figure 1: Clinical presentation of lesion, labial view

radiograph was taken, which revealed a well-defined radiopacity in the periapical region with cervical bone loss in 11 and 21. An excisional biopsy was taken. Histopathological features showed thin stratified squamous epithelium, with underlying connective tissue showing relatively acellular connective stroma with thick dense collagen fibers, suggestive of fibroma.[3] (Figure 2). The final diagnosis was given as fibroma.

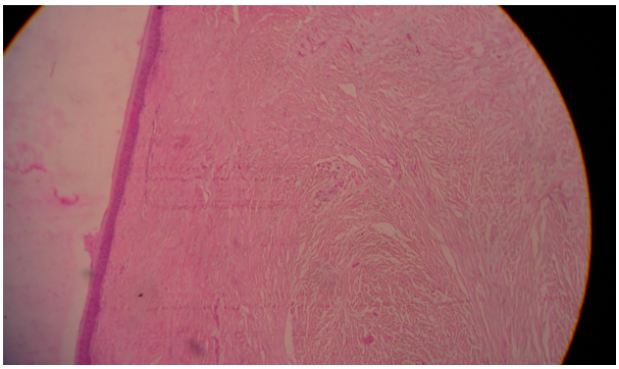

Figure 2:

Complete surgical removal was done. Analgesic was prescribed for pain relief. The patient was instructed to rinse twice daily with 0.2% chlorhexidine gluconate mouth rinse for 2 weeks. Postoperatively, the patient was advised not to brush the treated area for 2 weeks.

3. Discussion

Various pathological processes occurring in the oral cavity can lead to tissue enlargement, challenging the diagnosis of these lesions.[4] Among these pathologies, some enlargements are due to chronic tissue trauma and irritation that causes an excessive tissue response. The result of the chronic repair process leads to the formation of granulation tissue and scars, resulting in the formation of a fibrous submucosal mass called fibroma.[5] Torres-Domingo S et al. in 2008 observed 300 patients, which revealed that 53.3% of the lesions were histologically diagnosed as fibroma, indicating it as the most common benign tumor of the oral cavity. Various studies have reported a high prevalence of traumatic fibromas among females, particularly in the 4th decade of life.[6] In our case report, the lesion was detected in a 39-year-old. The lesion may be sessile, slowly progressing to its maximum size within a year. The size ranges up to 5mm with a sessile base. Fibromas are usually self-limiting without any malignant transformation. Complete surgical excision with the removal of the irritant is required to prevent recurrence of the pathology.[7]

4. Conclusion

Fibromas are common benign lesions of the oral cavity. It is necessary to differentially diagnose the condition based on clinical features, case history, irritational factors, and histopathological investigations. Removal of irritational agents and complete surgical excision is the treatment of choice to prevent the recurrence of the lesion.[8]

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6. Conflict of Interest

None.

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